

CLEARVIEW HOME CORPORATION
935 MAIN ST PO BOX 180198

DELAFIELD 53018 Phone:(262) 646-3361
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 12
Total Licensed Bed Capacity (12/31/04): 12
Number of Residents on 12/31/04: 6

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 7

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		16.7
Supp. Home Care-Personal Care	Yes					1 - 4 Years		66.7
Supp. Home Care-Household Services	No	Developmental Disabilities	.	Under 65	0.0	More Than 4 Years		16.7
Day Services	No	Mental Illness (Org./Psy)	.	65 - 74	0.0			----
Respite Care	No	Mental Illness (Other)	.	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	.	85 - 94	66.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	.	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	.		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	.		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	.	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	.		----	RNs		66.7
Referral Service	No	Diabetes	.	Gender	%	LPNs		77.1
Other Services	Yes	Respiratory	.		----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	.	Male	16.7	Aides, & Orderlies		
Mentally Ill	No		----	Female	83.3			
Provide Day Programming for			.		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	5	83.3	200	0	0.0	0	0	0.0	5	83.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	1	16.7	110	0	0.0	0	0	0.0	1	16.7
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		0	0.0		0	0.0		6	100.0		0	0.0		0	0.0	6	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	93.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	6.3	Bathing	16.7	50.0	33.3	6
Other Nursing Homes	0.0	Dressing	16.7	50.0	33.3	6
Acute Care Hospitals	0.0	Transferring	33.3	33.3	33.3	6
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	16.7	50.0	33.3	6
Rehabilitation Hospitals	0.0	Eating	83.3	0.0	16.7	6
Other Locations	0.0	*****				
Total Number of Admissions	16	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care	0.0
Private Home/No Home Health	56.3	Occ/Freq. Incontinent of Bladder	0.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	6.3	Occ/Freq. Incontinent of Bowel	0.0		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	6.3	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	0.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	31.3	With Pressure Sores	0.0		Have Advance Directives	0.0
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	16				Receiving Psychoactive Drugs	0.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: Under 50 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	58.3	87.4	0.67	83.3	0.70	87.3	0.67	88.8	0.66
Current Residents from In-County	50.0	86.8	0.58	64.2	0.78	85.8	0.58	77.4	0.65
Admissions from In-County, Still Residing	6.3	21.8	0.29	10.2	0.61	20.1	0.31	19.4	0.32
Admissions/Average Daily Census	228.6	159.1	1.44	341.9	0.67	173.5	1.32	146.5	1.56
Discharges/Average Daily Census	228.6	159.6	1.43	334.4	0.68	174.4	1.31	148.0	1.54
Discharges To Private Residence/Average Daily Census	142.9	63.2	2.26	163.1	0.88	70.3	2.03	66.9	2.13
Residents Receiving Skilled Care	83.3	96.1	0.87	92.6	0.90	95.8	0.87	89.9	0.93
Residents Aged 65 and Older	100	96.5	1.04	90.7	1.10	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	0.0	50.4	0.00	43.8	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	100	33.2	3.01	36.4	2.75	23.3	4.29	20.6	4.86
Developmentally Disabled Residents	.	0.5	.	0.0	.	0.9	.	6.0	0.00
Mentally Ill Residents	.	33.9	.	31.5	.	32.5	.	33.6	0.00
General Medical Service Residents	.	26.1	.	25.3	.	24.0	.	21.1	0.00
Impaired ADL (Mean)	53.3	51.2	1.04	54.8	0.97	51.7	1.03	49.4	1.08
Psychological Problems	0.0	62.3	.	54.9	.	56.2	.	57.7	0.00
Nursing Care Required (Mean)	.	7.1	.	9.0	.	7.7	.	7.4	0.00